POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<u>ું</u>		in 218:- 01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MIN	572	05-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Ctairn Date	Claim Date	Claim Date
1 2 3 3 2 7 1 1 1 1		
Frail Community (Community Community	Final	Original Original
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3 4 1 1 2 = 2	54	104
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48	98	148
49	99	1149
50	100	150
	<u> </u>	<u></u>

If more than 150 claims or 10 actions staple additional sheet here

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